

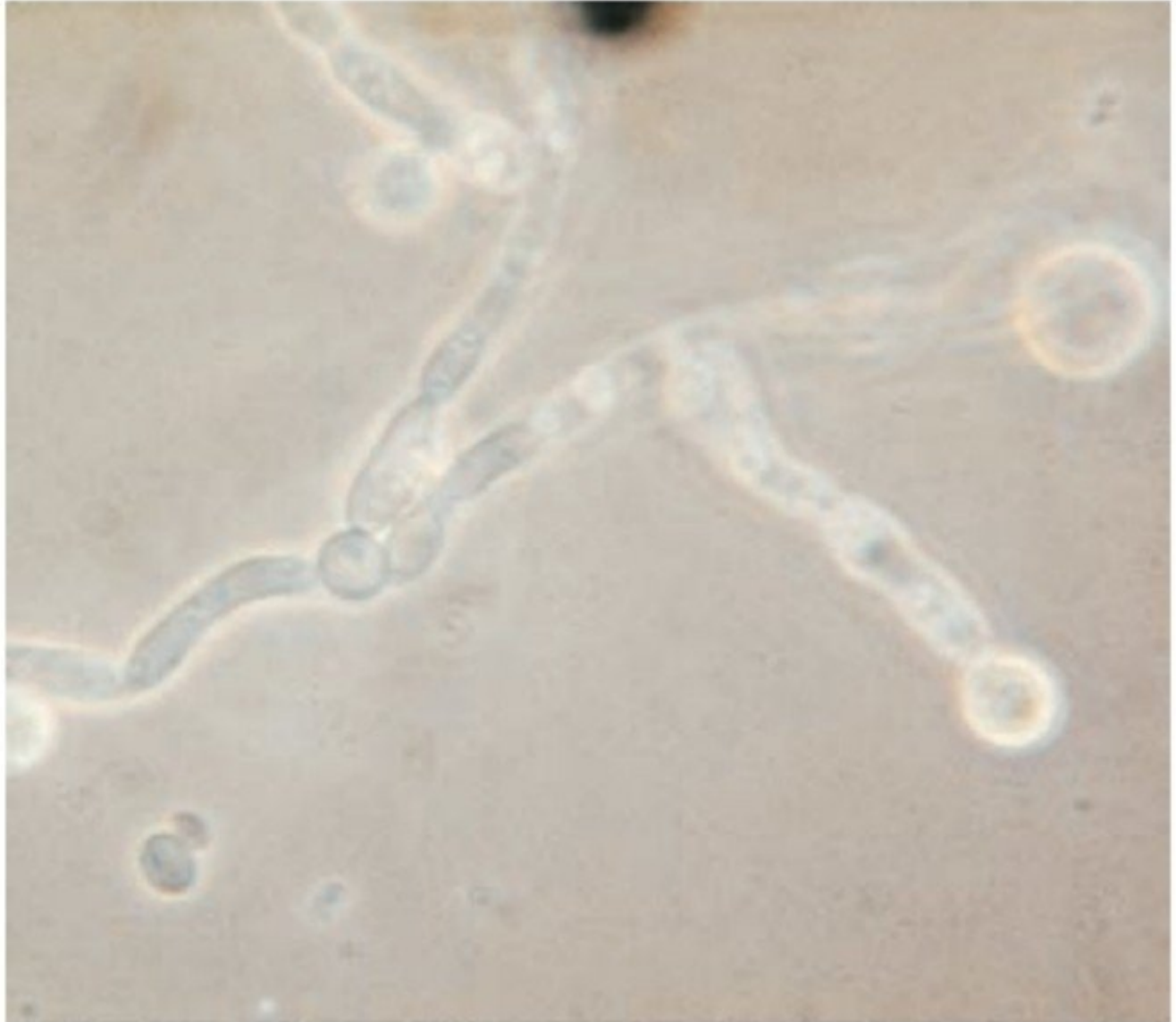


Figure 26-1. *Candida albicans*. KOH preparation
Budding yeast forms and sausage-like pseudohyphal forms.





Figure 26-2. Cutaneous candidiasis: intertrigo Small peripheral "satellite" papules and pustules that have become confluent centrally, creating a large eroded area in the submammary region.



Figure 26-3. Cutaneous candidiasis: intertrigo
Erythematous papules with a few pustules, becoming confluent in the inguinal area and medial thigh. The lesions occurred during a holiday trip to the Caribbean.



Figure 26-4. Cutaneous candidiasis: interdigital intertrigo An 80-year-old male with painful site in the webspace of the hand. Erosion with erythema is seen in the webspace between two fingers.



Figure 26-5. Candidiasis: diaper dermatitis Confluent erosions, marginal scaling, and “satellite pustules” in the area covered by a diaper in an infant. Atopic dermatitis or psoriasis also occurs in this distribution and may be concurrent.



Figure 26-6. Oral candidiasis: thrush White curd-like material on the mucosal surface of the lower lip of a child; the material can be abraded with gauze (pseudomembranous), revealing underlying erythema.



Figure 26-7. Oral candidiasis: thrush Extensive cottage cheese-like plaques, colonies of *Candida* that can be removed by rubbing with gauze (pseudomembranous), on the palate and uvula of an individual with advanced HIV/AIDS. Patches of erythema between the white plaques represent erythematous (atrophic) candidiasis. Involvement may extend into the esophagus and become associated with dysphagia.



Figure 26-8. Oral candidiasis: atrophic and pseudomembranous A 48-year-old male with HIV disease. The surface of the tongue is shiny and red; posterior tongue has a white coating (thrush).



Figure 26-9. Angular cheilitis A 55-year-old male. The angle of the lips is moist and red. KOH preparation revealed candida pseudohyphae. Oral candidiasis was also present.



Figure 26-10. Candidiasis: vulvitis and intertrigo
Psoriasiform, erythematous lesions becoming confluent on the vulva with erosions and satellite pustules on the thighs.



Figure 26-11. Candidiasis: balanoposthitis A 52-year-old uncircumcised male. Erythema and a curd-like matter is seen on the glans penis and foreskin.

Figure 26-12. Mucocutaneous candidiasis Persistent candidiasis in an immunocompromised infant manifesting as erosions covered by scales and crusts, oropharyngeal candidiasis, and widespread infection of the trunk.



Figure 26-13. Mucocutaneous candidiasis A 3-year-old child with hypothyroidism had thrush, intertriginous candidiasis, warty hyperkeratoses, and crusts on the scalp and face; and also, candidal onychomycosis.





Figure 26-14. Invasive candidiasis with candidemia Multiple, erythematous papules on the hand of a febrile patient with granulocytopenia associated with treatment of acute myelogenous leukemia. The usual source of the infection is the gastrointestinal tract. *C. tropicalis* was isolated on blood culture; candidal forms were seen on lesional skin biopsy.



Figure 32-2. Chronic paronychia The distal fingers and periungual skin are red and scaling. The cuticle is absent; a pocket is present, formed as the proximal nail folds separate from the nail plate. The nail plates show trachonychia (rough surface with longitudinal ridging) and onychauxis (apparent nail plate thickening due to subungual hyperkeratosis of nail bed). The underlying problem is psoriasis. *Candida albicans* or *Staphylococcus aureus* can cause space infection in the "pocket" with intermittent erythema and tenderness of the nail fold.